MCPR 2001 APPENDIX L

MONTGOMERY COUNTY GOVERNMENT

Sick Leave or PTO Donation Request Form							
Name of employee to receive donations:					Last 4 digits of Soc. Sec. No.:		
Form submitted by:				Date:			
En	nployee eligib	oility to donate sick leave or	·PTO.				
1.	pay period m		PTO balance of 40 hours aft	er donation. A part-tir	A part-time employee who wo ne employee who works less th		
2.		n employee must not donate sick leave or PTO after giving oral or written notice of retirement or resignation or receiving written notice of eparation from County employment.					
	Ve hereby don ck Leave Donc		above named employee i	n the amounts indicat	ed in accordance with the eligi	bility requirements of the	
	ept ode	Donor's Name	Last 4 digits of Soc. Sec. No		Donor's Signature	Hours Donated	
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Use additional sheets, if necessary. See Section 17-10 of the Personnel Regulations for more information about the Sick Leave Donor Program.